



Form # 210
Revised 2/1999
1400 West Third, Little Rock, AR 72201
Phone (501) 682-1517 or (800) 666-2877
Fax (501) 682-1944
Website - <http://www.artrs.gov>

**SALARY STATEMENT FOR SERVICE
1959-60 to 1979-80**

County Supervisor, Superintendent of Schools or School Official, should execute this form.

Name of Member _____

SSN _____

Address _____

Salaries based on contracts are NOT valid proofs.

"Salary" must be the gross salary actually paid from 7/1 to 6/30.

Year	District Name	County	Position	Total Days of Service	Gross Salary Earned
1959-60	_____	_____	_____	_____	\$ _____
1960-61	_____	_____	_____	_____	\$ _____
1961-62	_____	_____	_____	_____	\$ _____
1962-63	_____	_____	_____	_____	\$ _____
1963-64	_____	_____	_____	_____	\$ _____
1964-65	_____	_____	_____	_____	\$ _____
1965-66	_____	_____	_____	_____	\$ _____
1966-67	_____	_____	_____	_____	\$ _____
1967-68	_____	_____	_____	_____	\$ _____
1968-69	_____	_____	_____	_____	\$ _____
1969-70	_____	_____	_____	_____	\$ _____
1970-71	_____	_____	_____	_____	\$ _____
1971-72	_____	_____	_____	_____	\$ _____
1972-73	_____	_____	_____	_____	\$ _____
1973-74	_____	_____	_____	_____	\$ _____
1974-75	_____	_____	_____	_____	\$ _____
1975-76	_____	_____	_____	_____	\$ _____
1976-77	_____	_____	_____	_____	\$ _____
1977-78	_____	_____	_____	_____	\$ _____
1978-79	_____	_____	_____	_____	\$ _____
1979-80	_____	_____	_____	_____	\$ _____

I hereby certify that the salary records for the above named member are taken from the official school records.

Signature _____

Title _____

Address _____

Date _____